| 1           | PATI                                 | ENT APPLIC   | ATION.            | ćE DET  |                 | ###                                    |          |                   | 1                      | A 1:                         |                         |                        |  |
|-------------|--------------------------------------|--|-------------------|---|-----------------|--|----------|-------------------|------------------------|------------------------------|-------------------------|------------------------|--|
| I           | ,                                    | PATENT APPLICATION - ÉE DETERMINATION RECORD  Effective December 8, 2004 |                   |   |                 |  |          |                   |                        | Application or Docket Number |                         |                        |  |
| ŀ           | <del></del>                          | CLAIMS AS FILED - PART I   |                   |   |                 |  |          |                   |                        | 10/563246                    |                         |                        |  |
| ı           | SMALL                                |  |                   |   |                 |  |          |                   | NTITY                  | //                           | OTHI                    | R THAN                 |  |
| U           | S NATIONA                            | AL STAGE FEES  |                   | lumn 1)   | т —             | (Column 2)                             | _        | TYPE              |                        | C                            | R SMAL                  | L ENTIT                |  |
| -           |                                      | IL OTAGE PEES  | <del></del>       |   |                 |  |          | RATE              | FE                     | E                            | RATE                    | FE                     |  |
| _           | ASIC FEE                             |  |                   | SMALL ENT. = \$ 150   |                 | LARGE ENT. = \$ 300                    |          | BASIC FEE         |                        | $\neg$                       | R BASIC FEE             | 17 7                   |  |
| E)          | CAMINATION                           | FEE<br>  | (4) = \$          | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                      |                 | All other situations = \$ 100 / \$ 200 |          | EXAM. FEE         |                        | -  -                         | <del></del>             | 1)(/                   |  |
| SE          | ARCH FEE                             |  | ALL other         | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$200 / \$400 |                 | All other situations = \$ 250 / \$ 500 |          | SEARCH FE         | <u> </u>               | -                            | EXAM. FEE<br>SEARCH FEI | 12/                    |  |
| FE          | E FOR EXTRA                          | A SPEC. PGS.   | m                 | minus 100 =   |                 | / 50 =                                 |          | X \$ 125 =        |                        | -                            |                         | 70                     |  |
| ГО          | TAL CHARGE                           | ABLE CLAIMS  | 11/1              | 71 minus 20 = .   |                 | 4                                      |          | <b></b>           | -                      | _                            | X \$ 250 =              | :                      |  |
| NC          | EPENDENT (                           | CLAIMS   | 10/               | minus 3 =   | _/              |  | 1        | X \$ 25 =         |                        | OF                           | X \$ 50 =               | 126                    |  |
| ΛU          | LTIPLE DEPE                          | NDENT CLAIM PF   |                   |   | *               |  |          | X \$ 100 =        |                        | OF                           | X \$ 200 =              |                        |  |
| _           |                                      |  |                   |   |                 |  |          | + \$ 180 =        |                        | OR                           | + \$ 360 =              |                        |  |
|             |                                      | 20 111 001011111 1 15  | iess man ze       | s than zero, enter "0" in column 2                                    |                 |  |          | TOTAL             |                        | OR                           | TOTAL                   | 11/1/                  |  |
|             |                                      | CLAIMS AS  | AMENDE            | D - PART  | 11              |  |          |                   |                        | _                            |                         | 7 <del>7 U U</del>     |  |
|             |                                      | (Column 1)   |                   | (Columi   |                 | (Column 3)                             |          | SMALL             | ENTITY                 | OR                           | OTHER                   |                        |  |
| AMENDMENT A |                                      | CLAIMS<br>REMAINING  |                   | HIGHE:  | ST              |  |          |                   | ADDI-                  | ֓֞֞֞֓֞֓֓֞֓֓֓֓֟֝֟֝ <u>֟</u>   | SMALL                   | ENIIIY                 |  |
|             | Total                                | AFTER<br>AMENDMENT   | -                 | PREVIOU<br>PAID FO  | ISLY            | PRESENT<br>EXTRA                       |          | RATE              | TIONAL                 |                              | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
|             |                                      | <del> </del>   | Minus             | **  |                 | =                                      |          | X \$ 25 =         |                        | OR                           | X \$ 50 =               |                        |  |
|             | Independent                          | *  | Minus             | ***   |                 | =                                      |          | X \$ 100 =        |                        | OR                           | X \$ 200 =              | <del> </del>           |  |
|             | FIRST PRES                           | SENTATION OF M   | ULTIPLE DEP       | ENDENT CL   | AIM             |  | ı        | + \$ 180 =        |                        | OR                           |                         |                        |  |
|             |                                      |  |                   |   |                 |  | L        | TOTAL ADDIT.      |                        | OR                           | + \$ 360 =              |                        |  |
|             | •                                    |  |                   |   |                 |  |          | FEE               |                        | 1 OK                         | FEE                     |                        |  |
| T           |                                      | (Column 1)   |                   | (Column   |                 | (Column 3)                             |          |                   |                        |                              |                         |                        |  |
|             |                                      | REMAINING<br>AFTER<br>AMENDMENT  |                   | NUMBER<br>PREVIOUS<br>PAID FOR  | LY              | PRESENT<br>EXTRA                       |          | RATE              | ADDI-<br>TIONAL<br>FEE |                              | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
| -           | otal                                 | *  | Minus             | **  |                 | =                                      |          | X \$ 25 =         |                        | OR                           | X \$ 50 =               | 166                    |  |
|             | <b>d</b> ependent                    | *  | Minus             | ***   |                 |  | r        | X \$ 100 =        |                        | -                            |                         |                        |  |
|             | FIRST PRESE                          | NTATION OF MU  | LTIPLE DEPE       | NDENT CLA   | IM              |  | $\vdash$ | + \$ 180 =        |                        | OR -                         | X \$ 200 =              |                        |  |
|             |                                      | OTAL ADDIT.  |                   | OR  | + \$ 360 =      |  |          |                   |                        |                              |                         |                        |  |
|             |                                      |  |                   |   |                 |  |          | FEE               |                        | OR '                         | FEE                     |                        |  |
|             |                                      |  |                   |   |                 |  |          |                   |                        |                              |                         | ł                      |  |
| n t<br>n t  | he entry in colum<br>re "Highest Num | nn 1 is less than the e  | ntry in column 2, | write "0" in colu   | ımn 3.          |  |          |                   |                        |                              |                         | - 1                    |  |
|             |                                      | ber Previously Paid F  |                   |   |                 |  |          |                   |                        |                              | ·                       | j                      |  |
| The         | Highest Numb                         | er Previously Paid Fo  | Total or Indep    | endent) is the I  | າວ,er<br>highes | tter "3".<br>I number found in th      | 10.2     | onrondete b'      |                        |                              |                         | - 1                    |  |
| _           | . 975 (0                             |  |                   |   | -               |  | .c a     | - Probleme box II | column 1.              |                              |                         | 1                      |  |

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